



Missouri Pharmacy Program – Preferred Drug List



Topical Immunomodulators

Effective 08/01/2005

Revised 07/06/2006

Preferred Agents

- Elidel®
- Protopic®

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
• N/A	• N/A
• All products equally available	
	Drug Prior Authorization Hotline: (800) 392-8030.